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Paisley (Burgh) School Board.

ANNUAL REPORT

ON THE

MEDICAL INSPECTION

OF

SCHOOL CHILDREN.

1912-1913.

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To the Chairman and Members of the
Paisley (Burgh) School Board.

I have the honour to submit my third Annual Report on the Medical Inspection of School Children. The report has been prepared in accordance with the regulations contained in the Memorandum of the Scotch Education Department dated 31st March, 1909.

I would respectfully draw your attention to the remarks on "Neglected and Necessitous Cases," and on "Treatment Clinics."

I am,

Your obedient Servant,

A. GILMOUR.

3 County Place,
Paisley, *July*, 1913.

MEDICAL INSPECTION STAFF.

SCHOOL MEDICAL OFFICER.

A. GILMOUR, M.D., M.R.C.P.E., D.P.H.

SCHOOL NURSES.

Miss J. B. Nicoll.

Miss E. Duncan.

NURSE FOR THE SPECIAL CLASSES SCHOOL.

Miss F. Macdonald.

CLERK-TYPIST.

Miss S. Mason.

PART I.

WITH the termination of the school year 1912-13 the Medical Inspection of School Children in Paisley has reached a definite stage. The first examination of all school children has been completed, with the exception of a few absent through illness or unavoidably overlooked. Re-examination of scholars at the specified age periods has also been commenced.

During the three years of Medical Inspection, minor changes in organisation have been introduced from time to time for the purpose of reducing clerical work or increasing the efficiency of the system, but the examination of the children has been conducted throughout on the lines recommended by the Scotch Education Department, which were fully detailed in the First and Second Annual Reports.

With the beginning of the school year 1913-14, the record cards of the scholars will be kept in schools under the care of the *class* teachers, by which means it is hoped that a closer control will be kept over the children, and defects in special cases will be brought more prominently before the teachers. As the children pass from class to class, or from school to school, the records will be transferred with the children, and defects, which might be forgotten in the transference or promotion of the scholar, will be immediately brought to the notice of the new teachers. The care and treatment necessary should consequently be uninterrupted. It was pointed out in the First Annual Report that the success of any scheme depended immediately and ultimately upon the cordial sympathy of the teachers. This has been heartily extended in the past three years, and is gratefully acknowledged.

GEOGRAPHICAL AREAS.

At the beginning of the school year under review, the Attendance Department undertook the redistribution of the scholars into geographical areas. Each school will in future draw its scholars from definite streets and areas of the town, and in this manner the scholars should be distributed more equably and congestion will be prevented in the schools.

In the control of smaller epidemics of infectious diseases this system of dividing the town into geographical areas will ultimately have some beneficial effects. The problem of limiting the spread of these diseases in public elementary schools is a difficult one, but no system can hope to prove perfect without a more intelligent co-operation on the part of parents and guardians. Measles, chicken-pox, mumps, and whooping-cough are all erroneously regarded as minor infections, and many children are exposed in the streets, tramcars, and other public places, while incubating, or convalescing from, these diseases. In this way, although the isolation at the schools may be perfect, the diseases are carried from child to child and from one school to another by contact before or after school hours. A further difficulty is encountered owing to the limitation of the number of Supplementary and Higher Grade Schools, and by the separation of the sexes in schools—in both cases children of the same family attend different schools and may act as infecting agents. The frequency with which some families remove from one area of the town to another will also have some slight effect in preventing ideal conditions, as the scholars will only be transferred from the schools on two specified dates of the school year.

It is pleasing to record that in the redistribution of the scholars almost 2,000 record cards were transferred from one school to another, and very few cards were reported as having been lost in transit.

Notification of Parents.—As in previous years, all parents and guardians are notified as to the date and hour of the first medical examination of the scholar. When pupils are re-examined, however, it has been decided that notification should not be sent except in special cases. The reasons for this decision were as follows:—(1) many of the dirtiest and most neglected of the children had been withdrawn from school when the exact date was specified; (2) the parents have now been satisfied as to the extent of the examination; (3) they are aware that, if any defect is discovered, notification of the condition will be conveyed to them in some manner, and in the case of serious defects a special interview will be asked. This method of having the parents present at the first examination only is in accordance with the memorandum of the Scotch Education Department, which states that—

> "The Department recommend that each School Board should encourage one or both of the parents of the child to be present at the first inspection, and to this end a notification should be sent to the parents as to the time and place at which it will be carried out. Whilst some trouble may be involved in inviting the parents, the Department believe that substantial gains would thus be secured, for by this means misunderstandings will be avoided and prejudice will be disarmed. Moreover, the parent is able to facilitate examination and to provide information, and the Medical Officer's opinion could be given clearly and directly to the persons most nearly concerned."

It has been found, contrary to expectation, that the presence of parents at the examination of scholars makes the children more nervous than they would otherwise be. Detailed information, if required, is more adequately obtained at a special interview, and instruction to parents can also be given more emphatically. Of 4,976 parents notified, 1,081, or 21·3 per cent. attended the first inspection. The majority of these attended for examination of children in the Infant Departments.

Changes in Staff.—Miss F. Macdonald succeeded Miss K. Macdonald, resigned, as nurse to the Special Classes School.

PART II.

LIST OF SCHOOLS.

The following are the schools coming under the Local Education Authority :—

School.	Average Roll, 1912-1913.	Average Attendance, 1912-1913.	Percentage.	Totals.
11 Public Schools :—	...	...	...	10,699
Camphill, ...	1.309·5	1,210·75	92·4	
South, ...	1.626·1	1.514	93·1	
Abercorn.	1.091·7	1,016·9	93·1	
Williamsburgh, ...	1,327·2	1,234·6	93	
Mossvale, ...	936	860	91·6	
Carbrook Street, ...	849	790	93	
Oakshaw, ...	653·2	588·0	90	
Ferguslie, ...	659·4	612·2	92·8	
East, ...	776	722	93	
West.	711·7	657·2	92·3	
North.	759·3	708·7	93·3	
5 Voluntary Schools :—	...	..	...	2,824
St. Mary's R.C., ...	910	793	88	
St. Catherine's R.C., ...	546	495	90·8	
St. James' R.C., ...	728	664	91·0	
St. Charles' R.C., ...	355	317	89	
St. Mirin's R.C., ...	285·6	275·04	94·05	
4 Higher Grade and Secondary Schools :—	...	...	...	1,758
Camphill, ...	345	329·2	95·4	
Grammar School & Wm. B. Barbour Academy,	509	458	90	
John Neilson Institution.	816	727	89	
St. Margaret's Convent,	98·1	96·0	91·4	
2 Special Schools :—	...	...	...	255
Special Classes School— Physically & Mentally Defective, ...	227·7	186·6	82	
Oakshaw Specials—				
Blind, ...	9·5	8·1	85·5	
Deaf-Mutes, ...	17·5	15·6	89·1	
22 Totals. ...				15,536

SANITARY REPORT.

(*a*) BUILDINGS AND CLASS-ROOMS.

North School.—During the summer vacation of 1912 structural alterations were carried out on this school, the plans prepared by Mr. Adam, School Board Master of Works, having been passed by the Department on the 20th April, 1912. The object of these alterations was to increase the number of class-rooms, to reduce the size of the existing class-rooms, and to increase the lavatory and cloak-room accommodation of the school. For this purpose practically the whole interior was gutted. All the old lavatories and water-closets within the building were removed, and the floor-space thus obtained was free for addition to the new class-rooms. By the erection of partitions, six smaller class-rooms were formed where there had previously been only four. The main corridor of the school was slightly reduced in width, thus allowing the enlargement of two other class-rooms and the erection of new additional lavatories and cloak-rooms. Entrance to the latter is gained by new doorways at the rear of the school, in this way preventing the cloak-rooms being used as passages.

By these alterations, fifteen class-rooms were formed where there were originally thirteen. The accommodation of the school at opening was 726, but, under regulations limiting the classes to 60, this was reduced to 675. By this recent reconstruction the accommodation is again increased to 686, and no class exceeds 50 in number. The re-seating of the class-rooms was also carried out, and new windows were inserted where necessary in order that the light might be obtained from the correct angle.

To replace the lavatories and cloak-rooms removed from the interior of the school, additional accommodation was erected outside the main buildings. The lavatory and cloak-room accommodation of the school is now above the requirements specified by the Department. These new cloak-rooms are heated by radiators in order that garments may be dried when wet.

During this reconstruction the heating arrangements of the school were altered so that the hot water pipes (which ran previously below the flooring of certain rooms) were brought above floor level, and the heating of the school has proved most satisfactory during the winter. The entire school was painted after reconstruction, the colours chosen being of a suitable nature.

The whole of the playground on the frontage and south side of the school was laid with granolithic, and the north and rear of the playground were partly covered.

West School.—This school, which was originally built from the same plans as the North School, was similarly altered in every respect.

Mossvale School.—Two large class-rooms were divided by new partitions, so that four smaller rooms were formed.

In addition to the painting of the North and West Schools, the upper attic, staircases, and the inside lavatories of the Grammar School were repainted. The old portion of the South School and the interior of Camphill and Mossvale Schools were painted and white-washed.

Voluntary Schools.—Certain schools have recently undergone reconstruction, and all are being brought to fulfil the requirements of the Department.

Special Classes School.—This new school was opened in September, 1912. Accommodation is provided for 160 physically and 160 mentally defective children, there being 8 class-rooms in each division. The physical division is on the ground floor of the school, and the entrances are graded slopes, so that steps are avoided. The mental division is on the first floor. The class rooms are built round a large central play-hall. A dining-hall to hold 160, the kitchens, and laundry for training pupils occupy the rear of the building.

Suitable medical accommodation with a specially equipped surgery has been provided. In the playground an "open air" class-room has been erected in which children, who would benefit by this treatment, have been taught throughout the winter. Each side of this shed can be closed by a movable glass partition, so that the children can be sheltered from the prevailing winds as desired. The playground is formed of granolithic, but portions have been set aside for the teaching of practical gardening. The scholars of the two divisions are separated not only in their class-rooms but in the dining arrangements and in the playground, and are conveyed by separate runs of the ambulance.

The ventilation throughout is "natural," the lower window sashes being provided with wind baffles. The heating is on the Reck System, which combines the advantages of low pressure hot water and steam systems. The school is equipped with the latest advances in school sanitation; the drinking fountains are of the "Purita" type, by which the possible contamination of the drinking cup is avoided. The lavatory and cloak-room accommodation is ample, and in the latter the pegs are numbered so that each child may be taught to use the same peg daily. Four plunge baths, with hot and cold water and spray attachments, are placed in the divisions of the school. In connection with bathing and other arrangements of this new school, a special report was laid before the Board by the School Medical Officer on June 22, 1912, before the construction of the school was completed. The substitution of a simple shower bath for one of the plunge baths, and the installation of special apparatus for killing vermin and nits in clothing was suggested. After consideration, the Sub-Committee submitted plans to the Board whereby these improvements could be carried out for £30; a second set of plans for a small out-building in the rear of the school, comprising special reception and cleansing rooms with entrance from the playground, was also submitted, at the estimated cost of £150. The object of the more expensive installation was to provide a place wherein children from other schools could be cleansed if necessary. Both schemes were rejected, but the necessity for some such provision is much felt. By the present arrangement the children can be bathed, but must then either put on their dirty clothes again or be furnished with new ones.

(*b*) PLAYGROUNDS.

During the summer vacation, additional granolithic were laid in playgrounds of the Williamsburgh, South, East, Mossvale, Ferguslie, North, Abercorn, and Grammar Schools. This has reduced the dust in the playgrounds, with a consequent increase in the purity of the atmosphere, both inside and outside the schools. The tar-macadam on the playgrounds in Carbrook Street and Oakshaw Schools was repaired.

(*c*) HEATING.

The heating of Williamsburgh School was slightly reconstructed. The kitchen and gymnasium, which were heated respectively by a small boiler and four stoves, are now heated from one large boiler in the gymnasium, and the heating efficiency has increased, and coal is economised.

In the Oakshaw Deaf Mute and Blind Schools, the heating by four open fireplaces has been replaced by hot-water pipes.

(*d*) SANITATION.

No changes in sanitary arrangements of the schools were carried out, but these will probably be soon effected. Among the necessary improvements might be mentioned increased cloak-room accommodation for Camphill School, and the replacing of the old trough water-closets by modern pedestal water-closets in Williamsburgh, Camphill, Carbrook Street, Oakshaw, and Grammar Schools.

During the school year the services of five additional cleaners were engaged. The towels provided for the use of the school children are now thoroughly washed in steam laundries, but more frequent changing would be an advantage.

TABLE I.

Table showing for each month during the session 1912-13 *the Number of Pupils absent through Infectious and Contagious Diseases.*

A = Actual Cases. B = Contacts.

	September, 1912.		October.		November.		December.		January, 1913.		February.		March.		April.		May.		June.		July.		Actual Cases.	Contacts.	Totals.
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B			
1 Scarlet Fever,	14	17	18	10	16	18	2	2	10	3	6	4	14	7	11	20	3	13	4	6	6	4	104	104	208
2 Diphtheria, ...	1	...	2	3	2	2	...	1	...	4	1	...	2	1	6	7	...	7	1	1	...	2	15	28	43
3 Enteric Fever,	...	...	...	1	...	...	...	...	...	...	..	...	...	...	...	3	...	...	...	...	...	...	...	4	4
4 Phthisis Pulm.	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	2	...	2
5 Measles, ...	...	...	1	1	...	2	...	...	3	2	27	19	70	62	273	303	173	153	88	59	82	35	717	636	1353
6 Whp.-Cough,	12	1	7	12	17	2	21	14	21	13	22	30	36	33	54	40	28	26	29	23	10	12	257	206	463
7 Chickenpox,	4	2	25	14	60	57	86	75	42	52	52	20	32	23	33	41	17	14	31	20	18	13	400	331	731
8 Mumps, ...	2	2	11	14	12	10	29	36	37	47	56	54	152	156	200	163	101	131	124	79	57	55	781	747	1528
9 Favus, ...	...		...		4		...		...		1		1		1		...		...		...		7	...	7
10 Ringworm, ...	6		7		8		7		4		9		7		11		6		8		1		74	...	74
11 Scabies, ...	1		3		1		2		2		6		8		2		6		6		5		42	...	42
12 Pediculosis, ...	...		6		...		...		...		...		13		1		...		...		1		21	...	21
Other. ...	1 Erysipelas		...		4 M'mbran. Croup. 1 Erysipel.		...		2 Membran. Croup		2 Erysipel. 3 Conjunctivitis.		1 Croup		1 Trachoma		3 Erysipelas		1 Erysipelas		1 Erysipelas		8	12	20
	63		135		216		276		242		312		618		1170		682		480		302		2428	2068	4496

1—4 Notifiable Diseases. 5—8 Non-notifiable Diseases. 9—12 Skin Diseases (including vermin).

TABLE II.

Table showing the Number of Pupils notified absent from each School, during the session 1912-13, on account of the occurrence of Infectious or Contagious Disease in the family—patients and contacts counted together.

	Camphill.	South.	Abercorn.	Williamsburgh.	Mossvale.	Carbrook Street.	Oakshaw.	Ferguslie.	North.	East.	West.	St. Mary's.	St. Catherine's.	St. James'.	St. Charles'.	St. Mirin's.	Grammar.	Neilson.	St. Margaret's.	TOTALS.
1 Scarlet Fever,	33	42	25	13	10	12	5	2	10	9	6	6	10	8	1	6	6	4	...	208
2 Diphtheria, ...	3	10	4	...	4	2	1	4	1	4	1	...	2	3	...	...	...	3	1	43
3 Enteric Fever,	1	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	4
4 Phthisis Pulm.	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	2
5 Measles, ...	153	143	91	142	122	72	93	82	53	98	77	7	47	44	22	15	3	87	2	1353
6 Whp.-Cough,	36	54	28	35	57	9	35	31	9	17	35	34	20	24	7	7	21	4	...	463
7 Chickenpox, ...	44	28	64	39	77	82	32	34	31	62	52	38	17	21	18	2	76	14	...	731
8 Mumps, ...	138	214	153	202	88	43	103	6	74	74	128	40	53	69	64	24	...	51	4	1528
9 Favus, ...	5	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	7
10 Ringworm, ...	13	10	7	6	2	2	2	2	4	12	5	...	1	1	3	2	...	2	...	74
11 Scabies, ...	5	1	8	3	1	5	...	...	1	2	4	...	9	1	...	2	...	...	...	42
12 Pediculosis, ...	...	...	...	...	...	...	...	19	1	1	...	...	...	...	...	...	...	...	...	21
Other,	1 Erysipelas	2 Erysipelas 1 Membr. Croup	2 Erysipelas 3 Membr. Croup	...	...	...	1 Membr. Croup	3 Conjunctivitis	..	...	3 Erysipelas 1 Membr. Croup	1 Erysipelas	1 Membr. Croup	...	1 Trachoma.	...	...	...	...	20
	433	505	386	440	361	227	272	183	185	280	312	126	160	171	119	58	106	165	7	4496

1—4 Notifiable Diseases. 5—8 Non-notifiable Diseases. 9—12 Skin Diseases (including vermin).

INFECTIOUS DISEASES.

During the school year under review, the Public Health and School Medical Services have co-operated as in previous years. The months of September and October, 1912, were characterised by a remarkable freedom from infectious diseases in schools. In November and December, 1912, a small outbreak of chickenpox occurred which slowly declined during the following months. In February, 1913, mumps, measles, and german measles became epidemic, reaching the maximum in the month of April, during which month the absentees from infectious diseases notified from the schools were 1,170, a number twice that occurring in any previous month of school medical inspection. These epidemics seriously affected the attendance, more especially in the Infant Departments, but it was decided that no good would result from closure of classes or departments.

Table I. shows the number of infectious and contagious diseases notified during each school month. Table II. shows the totals of each school throughout the whole school year, 1912-1913.

101 rooms in 14 schools were disinfected.

In connection with epidemics of infectious diseases in schools, much extra work is thrown on the Public Health Staff, the size of which is based on the requirements of non-epidemic periods. The notification from schools of suspected infections is easily made, but the visitation of the homes, the verification of the diseases, and the instruction of parents in the care to be exercised, are more slowly undertaken. The exclusion lines to schools, granted by the Medical Officer of Health, are consequently delayed, and endeavour should be made to hasten their issue At the height of the epidemic many lines were not received until 3-5 weeks had elapsed from the date of notification. Cases were occasionally "unverified," because the rash had disappeared before the home visit could be made, and it was impossible to get a reliable history from the parents. The head teacher is in a dilemma until he receives an exclusion line. By the regulations children from infected (or suspected infected) households must be excluded, but some parents keep the children at home to assist in the housework on the plea of infection, while others send the children back to school before the Sanitary Authorities have visited the home, but after the rash has disappeared. The children, however, may still be infectious though apparently in good health. It is impossible to insist on the production of a medical certificate in such cases, as medical men are rarely called in. The attendance officers who visit the homes are not qualified to express an opinion on the infectivity of the case.

A simple solution would be for the Medical Officer of Health to accept in epidemic periods the temporary services of the school nurses for home visitation purposes. These nurses have received full training in infectious diseases hospitals, could convey any special instructions the Medical Officer of Health desires, and are qualified to speak on the probable infectivity of the disease. Though the school work of the nurses might be slightly affected, it should be remembered that both Services are working with the same aims, namely, the prevention of disease.

One other point might be insisted on. The exclusion lines should clearly state whether the child is suffering from "measles" or "german measles," as this fact has an important bearing on future exclusions of contacts. These two diseases are quite distinct, and an attack of the one does not confer immunity for the other. This is a point that is not understood by many parents.

Of 2,960 children notified from schools as suffering from infectious disease, 2,630 were verified. Of the 330 unverified cases, 261 were suffering from other illnesses, 53 wrong addresses had been given, 9 were non-susceptible, and 7 were unverified for other reasons.

Phthisis Pulmonalis.—See Tuberculosis.

CONTAGIOUS SKIN DISEASES.

Favus.—Arrangements having been made for the treatment of this parasitic skin disease in the Electrical Department of the Royal Alexandra Infirmary, twelve school children received applications of the X-rays. This method of epilation is the most satisfactory, but prolonged after-treatment and careful disinfection of clothing are necessary in order that a recurrence may be prevented.

Ringworm.—Of the 74 children with ringworm, 19 suffered from disease of the scalp. These latter received X-ray treatment, and no child was readmitted to school until after a thorough microscopic examination of the hair had been made. With this disease, as with favus, it is difficult to persuade parents that the children require to be kept under observation and treatment for some time after epilation is complete.

Scabies.—42 children were found to be suffering from this disease. Single cases of this disease may be simply cured, but, where several members of the same family are affected, a cure may be brought about with difficulty, as re-infection is extremely common from clothing or bedding. Since Medical Inspection of School Children was started, these contagious skin diseases are gradually being stamped out, but small out breaks must always be expected. One undiscovered case may infect not only the other members of the family, but the disease may be spread in school by direct contact from child to child, or by indirect contact with towels, caps, etc It is pleasing to record the care exercised by the class teachers with regard to these diseases, and this must be continued even although no cases have been found in the school. The enrolment of new scholars or the transference of children from other areas may be the means for introducing the disease into any school.

Employment of Children Outside of School Hours.—181 boys and 46 girls were stated to be employed in various occupations before or after school hours. The youngest boy was eight years of age and the youngest girl ten years.

The occupations were as follows:—

BOYS.—97 delivering milk; 18 delivering or selling papers; 25 delivering bread; 13 delivering butcher meat; 9 delivering groceries; 2 as barbers' boys; and the remainder as errand boys to fruiterers, tailors, laundries, etc.

GIRLS.—23 delivering milk; 9 delivering papers; 3 delivering bread; and the remainder assisted in milliners', drapers', or dressmakers' establishments, or delivered goods.

These children, stated by parents to be employed outside of school hours, must be regarded as under the personal supervision both of the parent and the employer. It is, consequently, the rule to find them above the average in nutrition and personal cleanliness, and they are usually alert and intelligent. In their case, also, parents are more likely to realise the danger of spreading infectious or contagious diseases by these scholars. The drawback in their case is that the long hours at school and employment may cause mental fatigue, and full advantage cannot be taken of the education provided.

On the other hand, there is the child who is "casually" employed, either by smaller shopkeepers or in selling papers, diaries, matches, etc., on the streets, and it is for this group that more stringent legislation is necessary. Parents in such cases rarely state that the children are employed. Children excluded from school for ringworm and favus have been known to be employed during the period of exclusion, and though the employer, when informed, may discharge the boy, a new occupation is soon found. The moral dangers to which children of tender years are exposed in street trading at late hours must be as obvious as the physical dangers from the inclement weather, their irregular meals and insufficient clothing.

Under the Employment of Children Act, 1903, powers are given to School Boards, in Sections 1 and 3, to make bye-laws regulating the employment of children under fourteen years of age, and by Section 2 to Town and County Councils to make bye laws regulating street trading by young persons under the age of sixteen.

Under the Bill to amend this Act at present before Parliament, the age of employment of children is raised to sixteen years, and all street trading is prohibited for boys under seventeen and girls under eighteen years of age. It is proposed, under the new Act, to lay the responsibility for enforcing these provisions on the Local Authorities—in Scotland, the School Boards. The difficulties of administration (of these extended periods) by School Boards will be many, but however the Act is carried out, no school child should be employed in any capacity without having passed a strict medical examination by the School Medical Officer as to physical fitness and personal cleanliness. This should be made a local bye-law in every case.

Social Conditions.—198 mothers were engaged in outside employment—the majority being engaged in various capacities in the mills. Only in very few cases did their children exhibit want of care (*v.* "neglected cases"). 6·9 per cent. of the children live in single-apartment houses, 59·5 per cent. in room and kitchen houses, 21·7 per cent. in two rooms and kitchen, and 11·7 per cent. in houses of four rooms and over. It should be remembered that questions regarding the employment of parents, size of home, etc., are only asked in order that a rough idea may be obtained as to the care and attention likely to be given to particular defects.

TABLE III.

Showing the numbers of Scholars examined at each age period in the different Schools.

	Under 5 Years		5–6		6–7		7–8		8–9		9–10		10–11		11–12		12–13		13–14		14–15		15–16 and over.		TOTALS
B = Boys. G = Girls.	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	
Abercorn, ...	3	1	34	31	31	23	38	37	33	30	24	25	50	41	10	11	31	57	40	53	6	3	...	...	612
Camphill, ...	2	1	29	30	40	32	71	66	50	70	7	7	73	56	16	7	64	42	94	72	8	4	...	...	841
South, ...	3	...	55	71	27	21	84	91	69	64	7	11	83	84	6	7	12	15	81	95	3	2	...	...	891
St. Charles', ...	4	5	12	11	4	1	15	19	11	11	1	4	12	14	...	1	...	3	13	17	..	...	...	...	158
St. Catherine's,	2	1	8	16	9	6	13	43	1	33	...	1	...	52	...	1	...	2	...	22	...	1	...	...	211
Mossvale, ...	1	...	35	17	24	29	10	11	30	33	27	34	53	46	35	31	29	40	52	66	7	4	...	...	614
East, ...	...	...	26	24	28	26	44	50	30	40	33	25	44	43	10	8	23	16	11	11	1	1	...	...	494
St. James', ...	2	1	21	7	15	13	41	32	34	35	5	4	28	37	30	23	23	31	28	22	1	2	...	...	435
Williamsburgh,	1	...	22	15	18	22	6	12	9	11	7	5	14	4	8	5	34	66	57	81	12	12	...	...	421
North, ...	...	...	25	18	37	40	11	10	11	9	10	9	2	7	...	3	...	3	1	4	...	...	...	...	200
St. Mirin's, ...	...	...	...	...	...	...	30	...	46	...	15	...	32	...	2	...	5	...	47	...	...	...	...	...	177
Oakshaw, ...	...	...	14	13	23	19	6	9	13	7	19	24	21	20	11	12	17	10	15	26	...	1	...	...	280
West, ...	3	2	29	25	15	12	7	8	5	2	10	15	39	33	27	31	36	28	17	15	1	3	...	...	363
St. Mary's, ...	1	1	35	31	38	34	17	16	11	8	7	7	4	3	4	5	7	5	8	6	...	...	...	...	248
Carbrook Street,	1	...	11	12	9	9	22	10	33	31	8	9	2	1	3	6	5	5	23	20	...	...	...	...	220
Ferguslie, ...	...	...	25	17	21	23	7	2	20	26	3	7	14	9	5	6	4	9	5	4	...	...	...	...	207
St. Margaret's,	...	...	1	3	3	...	3	3	...	1	...	2	...	2	...	...	...	6	...	21	...	5	...	3	53
Grammar, ...	...	...	2	2	5	7	4	8	7	7	1	9	3	3	3	1	5	4	31	19	5	1	2	2	131
John Neilson,	...	...	9	9	17	19	11	11	4	5	6	...	10	5	37	34	47	40	52	42	2	7	...	1	368
	23	12	393	352	364	336	440	438	417	423	190	198	484	460	207	192	342	382	575	596	46	46	2	6	
	35		745		700		878		840		388		944		399		724		1171		92		8		6,924

Boys, - 3,483. Girls, - 3,441.

PART III.

PHYSICAL CONDITION OF SCHOOL CHILDREN AS REVEALED BY MEDICAL INSPECTION.

Number of Routine Examinations,	6,924	Boys, 3,483 Girls, 3,441
Number of Non-Routine Examinations,	2,087	
Number of Pupils re-examined,	2,889	
Number of Home Visits,	467	
	12,367	

Routine Examinations.—Table III. shows the number of scholars inspected at routine examinations in each school and at each age period.

Non-Routine Examinations:—

(*a*) At the Schools,	1,845
(*b*) At the Office,	...
1. At the request of Teachers,	191
2. At the request of Attendance Department,	51

As in previous years, the results of the non routine examinations are not included in the percentages in the General Summary of Results, and are not discussed in the detailed paragraphs on such results.

604 Cases of Neglect:—

Poorly Clad and Dirty,	86	28·9 per cent.
Pediculosis—Head,	111	
" Body,	388	
Nits,	19	

410 Skin Diseases:—

"Broken-out" heads, etc.,	301	19·6 per cent.
Scabies,	33	
Ringworm,	49	
Favus,	3	
Other Skin Diseases,	24	

635	Defects of the Special Senses:—		
	Defective Vision (including external eye trouble, 156),	515	30·4 per cent.
	Defective Hearing (including discharging ears, 36),	57	
	Defective Speech (including mouth breathers, 11),	17	
	Mental Conditions,	16	
39	Suspected Infections,		1·9 per cent.
31	Heart and Lung Conditions,		1·5 per cent.
158	Injuries and Deformities (including septic sores),		7·5 per cent.
210	Other Conditions (including glands, nervous diseases, rheumatism, etc.),		10·0 per cent.
2087			

Comparing these results with those of previous years, the percentage of the *type* of cases presented for Non-Routine Inspection closely corresponds. On the other hand there has been a general reduction in numbers. The most satisfactory feature is the reduction of "neglect" cases, although the measures taken to control such cases have been even more stringent than formerly. It should also be remembered that members of the same family are frequently presented on several occasions for inspection for verminous clothing, and these numbers consequently should not be taken to represent the actual number of families affected in this way. Among the skin diseases the numbers of children with "broken-out heads" and similar conditions, which might be stated to be partly due to neglect, have also been reduced. There has been, however, an increase in the number of scabies and ringworm cases, but this is probably due to the greater care exercised by the teachers in supervision. The percentage for injuries and deformities has apparently increased, but this is not actually the case. It is the result of the "septic sores" being placed more correctly under "injuries," as such sores are most frequently the result of the barefooted children receiving cuts about the feet, which, being neglected, tend to suppurate. The number of defects of the special senses discovered remains about the same, and, though a reduction might have been expected, this result may be accounted for by the children changing to other classes without the new teacher having been informed of the defect. Under the new system to be introduced in September of this year, it is hoped that this duplication of work will be prevented.

TABLE IV.

GENERAL SUMMARY OF RESULTS OF ROUTINE MEDICAL INSPECTION.

	8 years and under.				9 to 11 years inclusive.				12 to 14 years inclusive.			
	Boys.		Girls.		Boys.		Girls.		Boys.		Girls.	
Total number examined,	1,637		1,561		881		850		953		1,024	
Conditions and defects noted.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.
General Conditions—												
Poorly nourished, ...	263	16·0	246	15·7	87	9·9	65	7·6	50	5·2	43	4·2
Dull and backward,* ...	59	6·8	37	4·3	30	3·4	29	3·4	27	2·8	52	5·1
Cleanliness—												
of clothing, repair bad, ...	288	17·6	214	13·7	133	15·1	117	13·7	134	14·0	89	8·7
of body bad, ...	386	23·6	336	21·5	157	17·8	171	20·0	123	12·9	133	12·9
Vermin in hair, ...	1	·0	30	1·9	0	·0	11	1·3	0	·0	7	·7
Nits, ...	100	6·1	996	63·8	35	3·9	601	70·6	13	1·3	591	5·7
Vermin of clothes or body,	41	2·5	36	2·3	27	3·0	17	2·0	13	1·3	13	1·2
Teeth—												
Cleanliness—bad, ...	698	42·6	646	41·3	381	43·2	309	36·3	317	33·2	332	32·4
None decayed, ...	179	10·9	198	12·6	79	8·9	85	10·0	128	13·4	107	10·4
1 to 4 decayed, ...	883	53·8	801	51·3	514	58·4	539	63·4	690	72·4	721	70·4
5 and more decayed, ...	575	35·1	562	36·0	288	32·6	222	26·1	135	14·1	196	19·1
Eyes—												
External Eye Disease, ...	77	4·7	79	5·0	29	3·3	40	4·7	36	3·7	34	3·3
Squint, ...	82	4·9	69	4·4	22	2·5	18	2·1	21	2·2	11	1·0
Defective vision (serious),*	79	9·4	89	10·4	114	12·9	100	11·7	88	9·2	128	12·5

Ears—												
Defective hearing,* ...	48	5·6	88	5·6	36	4·1	8	4·0	31	3·2	25	2·4
Otorrhœa, ...	24	1·4	39	2·5	10	1·1	15	1·8	12	1·3	10	·9
Wax, dirt, etc., ...	24	1·4	49	3·1	26	2·9	19	2·2	19	1·9	15	1·4
Nose and Throat—												
Bad Tonsils, ...	66	4·0	48	3·0	34	3·8	31	3·6	30	3·1	24	2·3
Adenoids, ...	158	9·6	91	5·8	40	4·5	29	3·4	16	1·6	30	2·9
Speech—defects, ...	103	6·2	54	3·4	21	2·6	13	1·5	16	1·6	8	·8
Vaccination—no marks, ...	121	7·4	106	6·7	29	3·3	17	2·0	22	2·3	40	3·9
Heart—												
Functional, ...	14	·8	15	·9	13	1·4	15	1·7	22	2·3	29	2·8
Organic, ...	17	1·0	8	·5	16	1·8	8	·9	21	2·1	4	·4
Lungs—all conditions, ...	42	2·5	50	3·2	13	1·4	10	1·1	5	·5	6	·6
Nervous Diseases, ...	12	·7	8	·5	8	·9	8	·9	8	·8	11	1·0
Tuberculosis—all forms, ...	41	2·5	37	2·3	23	2·6	23	2·7	23	2·4	27	2·6
Rickets—												
Slight, ...	205	12·5	115	7·3	50	5·6	32	3·7	41	4·3	17	1·6
Moderate, ...	61	3·7	28	1·8	21	2·3	16	1·9	6	·6	6	·6
Severe, ...	6	·4	6	·4	0	·0	1	·1	0	·0	3	·3
Deformities—												
Congenital, ...	9	·5	9	·5	7	·8	5	·6	5	·5	7	·7
Acquired, †	20	1·2	9	·5	5	·5	5	·6	11	1·1	17	1·6
Skin Diseases, ...	78	4·7	68	4·3	31	3·5	26	3·0	27	2·8	30	2·9
Suspected Infections, ...	5	·3	4	·2	0	·0	1	·0	...	...	...	...

* Children of 7 years and over.

† Excluding Rickets.

RESULT OF ROUTINE INSPECTIONS.

AVERAGE HEIGHTS AND WEIGHTS.

Height in Inches. Weight in Lbs.

HEIGHTS—BOYS.

Years, ...	5	6	7	8	9	10	11	12	13
Anthropometric Standard,	41·0	44·0	46·0	47·1	49·7	51·8	53·5	55·0	56·9
Paisley Average, ...	40·75	42·13	44·37	46·46	48·33	50·12	52·19	54·04	55·74
Paisley Divergence, ...	– ·25	– 1·87	– 1·63	– ·64	– 1·37	– 1·68	– 1·31	– ·96	– 1·16

HEIGHTS—GIRLS.

Years, ...	5	6	7	8	9	10	11	12	13
Anthropometric Standard,	40·8	42·6	44·5	46·6	48·7	51·1	53·1	55·7	57·8
Paisley Average, ...	40·66	41·94	44·25	46·14	47·68	49·32	51·63	54·39	56·71
Paisley Divergence, ...	– ·14	– ·66	– ·25	– ·46	– 1·02	– 1·78	– 1·47	– 1·31	– 1·09

AVERAGE HEIGHTS AND WEIGHTS—*Continued.*

WEIGHTS—BOYS.

Years, ...	5	6	7	8	9	10	11	12	13
Anthropometric Standard,	39·9	44·4	49·7	54·9	60·4	67·5	72·0	76·7	82·6
Paisley Average, ...	39·73	42·26	46·94	51·66	56·48	60·89	66·59	72·49	78·96
Paisley Divergence, ...	– ·17	– 2·14	– 2·76	– 3·24	– 3·92	– 6 61	– 5·41	– 4·21	– 3·64

WEIGHTS—GIRLS.

Years, ...	5	6	7	8	9	10	11	12	13
Anthropometric Standard,	39·6	42·4	46·7	52·2	55·5	62·0	68·1	76·4	87·0
Paisley Average, ...	38·92	40·98	45·27	49·78	53·67	57·59	64·41	72·38	80·56
Paisley Divergence.	– ·68	– 1·42	– 1·43	– 2·42	– 1·83	– 4·41	– 3·69	– 4·02	– 6·44

Before proceeding to the detailed consideration of conditions found at the Medical Inspection of School Children for the year 1912-13, it might be stated that a comparison of the results with those of previous years is not strictly accurate. To obtain accurate results the same medical officer would require to examine the same number of scholars at each age period, and under similar conditions. For example, the quantity of clothing, which makes an appreciable difference to the weight of the children, varies with the season of the year, and therefore strict comparison of the weights of children in two schools, one examined in winter and the other in summer, cannot be made. In the same way, the numbers examined at each age period must be taken into consideration, and only where large numbers are examined in each school will the results be comparable, for, in the examination of a small number, a few children above or below the average nutrition will raise or lower the standard.

In a similar manner, as regards medical conditions the actual results of the inspection must be carefully considered. For example, in the case of rickets—a disease in which the slighter manifestations tend to disappear as the child grows older—the numbers examined at each age period must be taken into account, for it is obvious that the percentage for rickets of the total number of children examined will increase or diminish as a larger or smaller number of children at the younger age periods is examined. In contrasting the results obtained in two areas, these discrepancies are even more accentuated, because the "personal equation" of the examining medical officers must be taken into account. It is almost impossible to lay down definite standards for comparative purposes, and at present the medical results are almost entirely dependent on the experience of the examiner. For these reasons, in order that the results may be compared, each school is examined as nearly as possible at the same time each year, and the tabulation of the defects discovered has been made in three age groups.

AVERAGE HEIGHTS AND WEIGHTS.

From the tables giving the average heights and weights of the scholars it will be noticed that the average for Paisley is below the Anthropometric Committee's standard at each age period. This is the first year that the average has fallen below the standards at every period, but it must not be considered, therefore, that the physique of the children is deteriorating. The standards are undoubtedly too high and require revision.

The importance of recording the height and weight—more especially the latter—of the scholar at each examination is from a "progress" point of view. A child may be physically below standard and yet be perfectly healthy. At the next examination the same child will probably still be below the standard for the age, but there should be a proportionate gain both in height and weight. Any scholar who has not made satisfactory physical progress should be put aside for more detailed examination. This has been carried out during the present year.

The average heights and weights of the scholars examined in the different schools are given in the Appendix, and in comparing schools the foregoing remarks should be taken into consideration.

I.—GENERAL CONDITIONS.

(A) Nutrition.—The conditions as regards nutrition prevailing during the present year closely conformed with those of previous years. The general average for nutrition was very good.

	All Ages.	
	Boys.	Girls.
Exceptionally well nourished,	2·6 per cent.	4·2 per cent.
Poorly nourished, ...	11·5 ,,	10·3 ,,

The larger number of poorly nourished children fall into the lowest age group, as will be seen on reference to Table IV. This is probably due to the more frequent prevalence of the ailments of childhood, such as measles and whooping cough, at the younger ages, and also to the children not being able to look after themselves. The cause of poor nutrition is much more frequently due to improper food than to want of food.

(B) Dull and Backward.—116 boys and 118 girls (3·3 and 3·4 respectively) were stated to be dull and backward. This percentage is probably too low, as teachers apparently do not care to class children as "backward." It was frequently found that children, giving distinct evidence of being backward at the inspection, had been classified by the teachers as "average."

The form for obtaining the "history" of the scholar asks the parent to state whether the child has been subject to "fits" since infancy. 54 boys and 35 girls had suffered in this way. These children are all attending the ordinary elementary schools, and the "fits" have only occurred on one or two occasions. It was interesting to note that 9·26 per cent. of these boys and 14·38 per cent. of these girls were classified as below average mental capacity, as against the above percentages for all children.

(C) Attendance.—As in previous years, the percentage attendance at all schools was very high in spite of the prevalence of severe epidemics of infectious diseases. The presentation of a shield by Sir Thomas Glen-Coats, to be held by the school with the highest percentage attendance, will undoubtedly assist in keeping up those figures. On the other hand, a word of warning is necessary. Teachers must not hasten the return to school of children after serious illness in order that the class or school percentage may be increased.

II.—CLOTHING AND CLEANLINESS.

(A) Clothing.—The general average of the clothing is good, but the repair in many cases is very poor. 15·9 per cent. of the boys and 12·2 per cent. of the girls were wearing clothes in a poor state of repair. 17·4 per cent. of the boys and 20 per cent. of the girls had footgear in such state that no protection was afforded in wet weather. Such boots and shoes are worse than none at all.

(B) Cleanliness.—The following percentages in several cases show a distinct improvement on previous years:—

	All Ages.	
	Boys.	Girls.
Insufficient Clothing, ...	·3 per cent.	·6 per cent.
Cleanliness of Clothing bad,	6·1 ,,	4·9 ,,
Cleanliness of Body bad, ...	19·1 ,,	18·6 ,,
Vermin in Hair, ...	·0 ,,	1·1 ,,
Nits, ...	4·2 ,,	63·6 ,,
Vermin of Clothes and Body,	2·3 ,,	1·9 ,,

The most marked improvement has occurred in the reduction of the number of verminous cases, and there is little doubt that the stringent measures now taken are having good effect. On the other hand, there is an apparent increase in the numbers with dirty clothing and bodies, but this is more probably the result of re-examination of scholars without the parents being notified as to the date of examination, and the children therefore do not receive a special preparatory bath. The reasons for this procedure are given in Part I. of this report.

The percentages with nits in the hair show no improvement. Parents will take neither the time nor trouble necessary to eradicate this pest, and the only means of stamping it out would be to make examples of cases, in which no improvement is shown, by cutting the hair. The threat to do this is usually sufficient to cause a temporary improvement, but relapse soon occurs. The wearing of the hair in plaits might prevent a slight spread of the condition in schools, but the true spread is the result of home infection.

Reference will again be made to the home conditions of children found repeatedly verminous under "neglected cases" (page 38).

III.—CONDITION OF THE TEETH.

The percentages were as follows:—

	All Ages.	
	Boys.	Girls.
(*a*) Teeth without decay, ...	11·1 per cent.	11·4 per cent.
(*b*) 1–4 decayed, ...	60·1 ,,	60·0 ,,
(*c*) More than 4 decayed, ...	28·7 ,,	28·5 ,,

These percentages show distinct, though slight, improvement over previous years, and parents are undoubtedly beginning to realize the necessity for paying more attention to the teeth of their children. The term "teeth without decay" is now used instead of "perfect teeth"—the former being more accurate. Teeth may be without decay, but may be far from perfect. Extractions of bad teeth and general attention to the cleanliness of the mouth are much more frequently met with, but practically no conservative measures are carried out either in filling decaying teeth or in the use of the tooth-brush. The crusade of instruction must be carried on vigorously before much good will result.

IV.—CONDITION OF THE EYES.

Diseases of the External Eye.—	All Ages. Boys.	All Ages. Girls.
Affections of the Eyelids, ...	98	111
,, ,, Conjunctiva,...	7	7
,, ,, Cornea, ...	21	26
Other Conditions (Cataract, Nystagmus, etc.),	4	8
	130	152
	or 3.7 %	or 4·4 %

These numbers are practically the same as in the two previous years.

Squint.—98 girls and 127 boys were found to be suffering from squint. Very few of the children were wearing spectacles, and the squinting eyes showed varied degrees of defective vision. The degree increases with neglect of the defect until ultimately there is practically no vision left in the squinting eye. Immediate attention should be paid to all cases of squint, and, even in the mildest cases, spectacles should be worn to prevent the defect becoming more serious.

Vision.—The visual acuity of 2,671 boys and 2,722 girls was tested. Each eye is tested separately.

These children may be grouped as follows :—

	All Ages. Boys.	All Ages. Girls.
Perfect Vision, ...	1,210 or 45·3 per cent.	1,121 or 41.1 per cent.
Slight Defect, ...	1,180 or 44·1 ,,	1,284 or 47.1 ,,
Serious Defect (6/18 and over),	281 or 10·5 ,,	317 or 11·6 ,,

Of the 281 boys with serious defect of vision, 183 or 65 per cent. were seriously defective in one eye only, and of the 317 girls, 176 or 55·5 per cent. were similarly affected.

On re-examination of many of the children with slight defects, it has been found that an improvement has taken place, the defect in which case being probably due to some temporary impairment of health of the child. Other slight defects have become worse, and in these the defect is probably due to faulty structure of the eyeball. The test applied in every case is unfortunately incapable of distinguishing between these two causes, and for this reason the appointment of an oculist is absolutely necessary. With the permanent installation of a treatment clinic, this should not be a difficult matter.

Unfortunately in this, as in certain other matters connected with medical inspection, the prejudice and ignorance of the parents have to be overcome. Even then there is the additional difficulty of getting the co-operation and consent of the child, and there is no doubt that the children of the present day are allowed to dictate as to their likes and dislikes, in a manner that should never be tolerated. Many children who have been specially provided with spectacles leave them at home through "forgetfulness," and in such cases the teacher should insist on the child returning home for them if the distance is not too great.

V.—EARS.

The percentages for the different age groups will be found in Table IV. Taking all ages together, the percentages were as follows :—

	Boys.	Girls.
Defective hearing, ...	139, or 4·0 %	147, or 4·2 %
Otorrhœa, ...	46, or 1·3 ,,	64, or 1·8 ,,

The causes of the deafness were in many cases obscure, but the chief were otorrhœa, adenoids and enlarged tonsils, wax and dirt in the external passages, and inflammatory conditions of the drum. The temporary treatment clinic proved of immense value in these cases.

VI.—NOSE AND THROAT.

The percentages of nose and throat conditions found among the scholars were as follows :—

	All Ages.	
	Boys.	Girls.
Mouth-breathing (?). ...	25·4 per cent.	24·2 per cent.
Enlarged Tonsils, ...	3·7 ,,	3·0 ,,
Adenoids, ...	6·4 ,,	4·3 ,,
Chronic Nasal Discharge (?),	7·2 ,,	6·6 ,,

The percentages for mouth-breathing and chronic nasal discharge are not accurate. Mouth-breathing is extremely common in young children, and it is almost impossible to distinguish between mouth-breathing from habit and mouth-breathing from obstruction, unless the parent is present to assist by answering questions. In the same way, a nasal discharge is very frequently chronic because of want of attention. Young children, even if provided with pocket handkerchiefs, have little or no idea of how to clear the nasal passages.* For these reasons alone the results must be inaccurate.

With regard to tonsillar conditions, the above percentages represent a condition of marked enlargement. Here again, however, the enlargement may be due to a temporary inflammation superadded to a moderate degree of enlargement. A simple application reduces the inflammatory condition, and all signs of obstruction disappear. Careful observation and much experience are therefore necessary in order that notices should only be sent to parents in proper cases. Much harm may be done by issuing notices in cases tending to a natural cure, and should other and more urgent notices be subsequently issued about other conditions, the latter might be disregarded, "as the other condition we got a notice about got better by itself."

No percentages are given for enlargement of the cervical or submaxillary glands, as no definite standards can be arranged. 43 girls and 51 boys were found to have cicatrices in the neck or below the jaw from former suppurative conditions. 5 boys and 3 girls were found to have enlarged acute suppurating glands.

VII.—SPEECH.

215 children (140 boys and 75 girls) were found to have defects of the speech. The majority are slight defects occurring in children under seven years of age, which will undoubtedly improve as the children grow older. Stammering is more frequent among boys, and stammerers should always have the nasal passages carefully examined, and conditions such as adenoids removed, before a regular curative course of breathing exercises and voice control is undertaken.

VIII.—VACCINATION MARKS.

The following percentages were obtained :—

	All Ages.	
	Boys.	Girls.
Satisfactory Vaccination, ...	87·1 per cent.	88·5 per cent.
Unsatisfactory Vaccination,	7·5 ,,	6·7 ,,
No marks, ...	5·3 ,,	4·7 ,,

---

* Few children are provided with handkerchiefs, the usual substitute being some other article of clothing, such as the pinafore, petticoat, or sleeve.

IX.—HEART CONDITIONS.

The following conditions were recorded :—

	All Ages. Boys.	All Ages. Girls.
Functional Disorders, ...	1·4 per cent.	1·7 per cent.
Organic Lesions, ...	1·6 ,,	·8 ,,

Among the functional disorders, anæmia was the most frequent, the others being nervous disturbances, irregularities, etc. These conditions are usually temporary.

The organic lesions included true cases of "heart disease" with valvular involvement. The mitral valve was affected in 68 cases, the pulmonary in 2, and the aortic in 2. The majority of cases followed attacks of rheumatic or scarlet fevers. With regard to the latter fever, a point of some interest may be raised. From a personal control of scarlet fever cases and from subsequent examination as School Medical Officer *of the same children*, it was found that certain children had valvular disease of the heart who had shown no manifestation of any cardiac disorder in hospital, and who had suffered from no rheumatic complications either in hospital or afterwards. In such cases the condition may have been so slight as to be overlooked, or the condition must have been a slow, insidious toxæmic involvement of the valves or walls, causing muscular atony and valvular insufficiency. Under the Milne treatment of scarlet fever, the duration in hospital is shortened and complications are said to be reduced, although other observers have failed to confirm the latter statement. Where the children are treated in hospital, the danger against future heart complications may be safeguarded, but in "home" treatment the slight indications of cardiac disturbance may escape notice, with serious results in later life. The dangers of scarlet fever are not so much from the "infectivity" as from complications, and every case of scarlet fever should be closely watched.

When a child is found to have organic disease of the heart, the School Medical Officer communicates with the family doctor (if any). It has been found that information regarding the child's condition has sometimes been withheld from the parents, but only in very exceptional circumstances should this be done.

X.—LUNGS.

The percentages of lung conditions at all ages were as follows :—

Boys, - 2·5 Girls, - 2·4.

The most frequent conditions were bronchitic attacks in the youngest children, "colds in the chest," etc. The comparatively mild winter would account for the reduction in numbers.

XI.—NERVOUS DISEASES.

The following nervous diseases were found among the children examined :—

	Boys.	Girls.
Infantile Paralysis—leg, ...	4	2
Do. arm, ...	2	1
Chorea, ...	6	8
Habit Spasm, ...	3	1
Minor Epilepsy, ...	2	1
Facial Paralysis, ...	—	1
Injury Brachial Plexus, ...	—	1
	17	15

In addition to the above serious affections of the nervous system, many children were stated to be "nervous" by the parents. The majority showed no indication of this disorder at the examination, but such statements are always carefully noted on the scholar's record card for future reference.

XII.—TUBERCULOSIS.

(*a*) **Pulmonary.**—In addition to the children attending the "open air" classes and those excluded by the Public Health Authorities, 21 girls and 20 boys are under special observation for suspected phthisis. These children are brought to the office for frequent re-examination, and the parents are specially advised as to treatment.

(*b*) **Osseous.**—12 girls and 17 boys were found to have tuberculous conditions of the small bones of the hands and feet.

(*c*) **Glandular.**—54 girls and 50 boys had tuberculous conditions of the glands, usually about the neck. All these were under treatment by the family doctor, and in no case was the gland discharging

XIII.—RICKETS.

The following percentages were found among the children attending the elementary schools, but it should be remembered that the most severe cases are admitted to the Special Classes School.

	All Ages.	
	Boys.	Girls.
Slight, ...	8·5 per cent.	4·7 per cent.
Moderate, ...	2·6 ,,	1·4 ,,
Severe, ...	·8 ,,	·4 ,,

The following are the more severe deformities due to the disease:—

	Boys.	Girls.	Totals.
Bow Legs, ...	64	37	101
Knock Knees, ...	26	24	50
Tibial Curvature,	40	28	68
	130	89	219

With regard to the probable effect of Health Visitation by the Public Health Authorities on the prevalence of rickets, it should be remembered that the important period of visitation in the prevention of this disease is in the second six months of life and later, and therefore visits should be more stringent at that period.

XIV.—OTHER DEFORMITIES.

32 boys and 18 girls had congenital malformations or deformities. 36 boys and 31 girls had acquired deformities.

Congenital:—

Boys—Hernia, 18; Cleft Palate, 5; Hare Lip, 3; Torticollis, 4; Malformed Hand, 1; Talipes Varus, 1—Total, 32.

Girls—Hernia, 4; Cleft Palate, 2; Hare Lip, 1; Torticollis, 2; Talipes Varus, 1; Dislocation of Hip Joint, 2; Others, 6—Total, 18.

Acquired:—

Boys—Spinal Curvatures, 18 (Scoliosis, 11, Kyphosis, 5, Lordosis, 2); Deformities due to Accidents, 7; Others, 11—Total, 36.

Girls—Spinal Curvatures, 16 (Scoliosis, 13, Kyphosis, 2, Lordosis, 1); Deformities due to Illness or Accidents, 4; Others, 11—Total, 31.

XV.—SKIN DISEASES.

The following skin diseases were noted:—

Impetigo, 118; Eczema, 17; Ringworm, 14; Scabies, 7; Psoriasis, 6; Ichthyosis, 6; Alopecia, 6; Furuncles, 6; Favus, 5; Exfoliative Dermatitis, 3; Seborrhœa, 3; Urticaria, 2; Others, 15—Total, 208.

XVI.—INFECTIOUS DISEASES.

10 children were excluded as suffering from infectious disease on the day of examination. The diseases were :—Mumps, 8 ; Chickenpox, 1 ; Whooping-cough, 1.

XVII.—OTHER CONDITIONS.

The following conditions were also noted :—

Thyroid (enlarged),	12	Osteoma, ...	2
Phimosis, ...	3	Hammer toe, ...	1
Eneuresis, ...	5	Albino, ...	1
Congenital Syphilis,	2	Cysts, ...	5
Amputations, ...	5	Old Tracheotomy,	5

TABLE V.

Table showing the Number of "Defect" Notices issued, the principal Conditions for which they were sent, and the amount of attention paid to the Conditions.

	Total No. of Notices	Condition Remedied	Condition *Not* Remedied	Percentage Remedied	Percentage of Conditions Remedied, or being Remedied, in each School.															
					Abercorn	Camphill	South	St. Charles'	St. Catherine's	Mossvale	East	St. James'	Williamsburgh	North	St. Mirin's	Oakshaw	West	St Mary's	Carbrook Street	Ferguslie
Cleanliness—Head	58	51	7	87·9	100	100	100	100	100	100	50	100	...	100	...	88·8	100	72·7	100	100
Cleanliness—Body & clothing	241	175	66	72·6	68·1	81·2	79·1	80	...	61·4	75	68·1	...	81·8	75	72·2	100	65·6	100	80·9
Nits	17	15	2	88·2	50	100	100	...	100	100	100	...	...	...	...	...	100	50	100	...
Tonsils	44	33	11	75·0	50	75	66·6	...	100	50	100	50	100		...	100	100	50	100	100
Defective Vision	521	250	271	47·9	47·5	48·4	53·1	16·6	52·3	49·2	60	32·6	43·4	45·4	60·8	50	43·7	46·6	50	53·8
Discharging Ears	46	38	8	82·6	66·6	60	100	50	100	100	100	77·7	100	100	100	...	100	50	100	100
External Eye Disease	91	81	10	89·0	90·9	100	85·7	100	100	100	83·3	50	50	100	100	66·6	100	90	100	100
Defective Hearing	10	10	...	100	100	...	100	...	...	50	100	...	...	100	...	100	...	...	100	100
"Broken-out" Heads, etc. ...	84	83	1	98·8	93·3	100	100	100	100	100	100	100	...	100	...	100	100	100	...	100
Other Skin Diseases	15	15	...	100	100	100	100	...	100	...	100	...	100	100	...	...	100	100	...	...
Other Conditions	71	61	10	85·9	87·5	100	100	100	100	50	66·6	75	66·6	100	75	100	100	...	100	75
	1198	812	386	67·7	...	...	...	...	...	...	...	...	...	...	...	...	.	...		...
Total Number of Notices to each School					133	127	121	28	32	140	97	109	60	51	33	63	39	76	31	58
					Total, - 1198															

PART IV.

RESULTS OF RE-EXAMINATION OF SCHOLARS.

Total number of notices issued, ...	1,198
Re-examination for improvement, etc. (cases re-examined once or more)	2,889
Home visits, ...	467

During the school year, 1,198 notices of defects were issued to parents or guardians of the scholars. At subsequent visits to the schools these children were re-examined to see if the condition had been remedied, and, if not, a "home" visit was paid by the nurse in order that the parents might be fully informed as to the defect and its dangers. Many of the parents also received a second visit from the school nurses, and full enquiry was made into the reasons for delay in obtaining the treatment advised on the first visit.

The percentages of the different defects remedied, or being remedied, will be found in Table V., as well as the percentage for each condition in each school. The percentages for the three years of Medical Inspection are given in the following table for comparative purposes :—

Defects.	Percentage Remedied.		
	1910–11.	1911–12.	1912–13.
Cleanliness—Head, ...	73·3	83·8	87·9
Cleanliness—Body and Clothing, ...	65·3	70·6	72·6
Nits, ...	71·5	72·0	88·2
Tonsils, ...	36·4	45·8	75·0
Defective Vision, ...	26·7	27·5	47·9
Discharging Ears, ...	65·5	84·0	82·6
External Eye Disease, ...	61·9	88·4	89·0
Defective Hearing, ...	57·8	58·3	100·0
"Broken-out" Heads, etc., ...	68·4	92·8	98·8
Other Skin Diseases, ...	85·1	99·2	100·0
Other Conditions, ...	73·1	82·4	85·9
	50·8	56·97	67·7

It will be noticed from the three Tables that there has been a distinct increase of percentage remedied during the present year, and this can partly be accounted for by the installation of a temporary Clinic. During the *first year notices only* were issued to parents; during the *second year* the notices were supplemented by *home visits;* and during the *present* *year*, to the notices and home visits was added "treatment" in necessitous cases. By permanent installation of a Clinic these results would even be further improved. It might be stated that these results compare extremely favourably with those of other areas.

That this improvement is not altogether due to the introduction of "treatment" is shown by the fact that during the three years of Inspection the total number of notices and examinations in each year have been as follows :—

Year.	Total Examinations—Routine and Non-Routine.	No. of Defect Notices issued.
1910-1911, - -	8,353	2,018
1911-1912, - -	9,176	2,101
1912-1913, - -	9,011	1,198

It will be evident from these figures that the total examinations for the last two years may be practically regarded as equal, but, with the same standards of defect for which notices are issued, there has been a decrease in these notices during the present year of over 900. The conditions must consequently be improving, and this is chiefly the result of the improvement in cleanliness of the scholars as found at non-routine inspections

It was found, on home visitation by the nurses, that the parents were open to reason and understood what was required. In all cases promises were given that attention would be paid to the condition, but in few were these promises carried out until after a second visit. 38 per cent. of the conditions were only remedied after home visitation had been made.

NEGLECTED AND NECESSITOUS CHILDREN.

During the session 1912-13, children found in a neglected condition, or whose appearance indicated that they were apparently in necessitous circumstances, were reported, as in previous years, to the Clerks of the School Board for investigation by the Special Attendance Officer. The home of each child was visited, and full details were noted as to the number in family, the occupation of the parents, the amount of the weekly wage, and the condition of the home. These facts were supplemented by statements of neighbours when information was apparently being withheld.

Since this procedure was adopted, 187 families have been reported and their histories noted. The average number of individuals in each family was 6·5. There were 879 children, of whom 519 were attending school, 170 being above and 190 below school age. In many families several factors were at work in producing the condition of neglect, and it is therefore impossible to summarise the causes accurately. Taking the chief causes in each family to which the condition could be attributed, a rough classification might be made as follows :—

(*a*) **Alcoholism.**—In 52 families there was a distinct history of alcoholism. In 26 of these both parents were addicted to alcohol; in 14 the father only was alcoholic; and in 12 the mother only.

(*b*) **Carelessness.**—In 41 families carelessness on the part of one or other of the parents was the chief cause. In 19 families the mother was characterised as slovenly, untidy, and indifferent as to the condition of her home. In 15 families the father was lazy, careless, and thriftless; while in 7 families both parents were neglectful.

(*c*) **Illness in the Family.**—In 11 families the condition was due to illness of the father, by which he had been thrown out of employment. The extra expense, the diminished wage, and increased work due to the nursing of the father, had produced apparent neglect. In 10 families the illness of the mother accounted for the condition of the house. In 22 families the mother was dead, but only in 9 of these families was the care of the house left to children who were too young to look after it in the proper manner. In two of these last families, the fathers were hard-working, respectable men, who were out at work from early morning till late in the evening, and consequently could not assist in the supervision of the home circumstances in the way that was necessary.

(*d*) **Poverty.**—In 14 families only was the condition of neglect attributable to poverty, and in these cases the children were found "neglected" because they were clad in the only garments they possessed, and therefore it would have been necessary to keep the children from school when the garments were being cleaned. In the majority of these families the homes were clean and tidy, although in some there was practically no household furniture, and very little bed or personal clothing. The condition was entirely attributable to the smallness or irregularity of the wages, and to the numbers to be supported thereon.

(*e*) **Accidental Cases.**—In this category are placed 17 families in which the children were found in an apparently neglected condition, but which, on investigation, proved to be due to temporary causes, and each was remedied after warning.

(*f*) **Other Causes.**—In 16 families the mother was found to be "out-working," and therefore was unable to attend to household duties. In some cases this was unavoidable, as the wages of the mother were the sole means for the support of the family; in other cases the mothers worked to supplement the family income; while in several cases mothers were out working when there was no necessity for them to do so.

In 13 families there was an extremely bad family history—several parents having been previously convicted for assault, failure to support, wife desertion, etc. In other families members were known to be mentally defective, and immorality and illegitimacy were not infrequent.

In only 2 cases was the father unemployed, exclusive of those in which he was incapacitated by illness.

The weekly wages earned in the families varied greatly, from 10s. in the poorest to over £4 4s. in others. In families with the larger incomes, children were working and assisted with the household expenses.

77 per cent. of the families lived in one room and kitchen houses, 18 per cent. lived in single-apartment houses, and 5 per cent. in two-rooms and kitchen houses. These houses were characterised as follows:—Very clean, 3 per cent.; clean, 15 per cent.; fairly clean, 41 per cent.; dirty, 30 per cent.; very dirty, 11 per cent.

With regard to the remediation of the conditions found in these families, much had already been done. Several families were in receipt of Outdoor Parish Relief, while others were being assisted by different charitable institutions and agencies. Some of the families had been under the supervision of the Society for the Prevention of Cruelty to Children for several years.

The most frequent cause for reporting these families was on account of the children being sent to school in a dirty and verminous condition. After visitation a temporary improvement resulted, but within a few weeks the children would be as bad as ever. This is easily accounted for. The children attending school may be cleansed and furnished with new clothing, but no attention is paid to the other members of the family, or to the bedding. Re infection is rapid, and the whole process has to be repeated. An endeavour to cleanse must, therefore, begin with the *homes*, and stern measures are necessary. The powers given to School Boards are quite inadequate to deal with the matter in this respect. Section 6 of the Education (Scotland) Act, 1908, allows School Boards to report, after due warning, the parents of such children to the Procurator-Fiscal for prosecution; Section 122 of the Children Act, 1908, permits School Boards to prosecute for similar conditions found among children in public elementary schools under their jurisdiction, and to cleanse the children if necessary; or further action may be taken under Section 12 of the same Act. *Only children of school age* could be cleansed under Section 122, and the other members would escape. Such measures, however, do not lead to the cleansing of the homes, which can only be carried out under Sections of the Public Health or Burgh Police Acts, and therefore co-operation with the Public Health and Sanitary Departments is absolutely essential.

It is necessary, however, that this co-operation should not consist in a mere notification to the occupier to cleanse the house, for a notice of similar purport has already been issued without result by the School Board. The application of soap and water, however vigorous, will not cure the condition. Clothing, when possible, must be boiled, and the remainder must be carefully ironed with hot irons, especially about the seams, or destroyed. Spraying with disinfectant and fumigation are practically useless. On receipt of notification, the Sanitary Department must be prepared to cleanse the house thoroughly, to disinfect beds, bedding, and personal clothing, and the work must be rigorously supervised. This may necessitate the erection of a special cleansing station to which the household effects can be removed for sterilization, and at which the persons may be cleansed. This has already been carried out in Aberdeen by co-operation between the Sanitary and School Authorities, and there is no reason why it should not be adopted in Paisley. To issue notices, or even to punish parents and guardians, is to achieve nothing. This has been already tried, and although attempts are always made by the families concerned to remedy the matter, yet relapse almost invariably occurs.

Prosecutions.—During the school year one parent was prosecuted by the Fiscal for sending the children to school in a neglected and verminous condition. Procedure was taken under Section 6 of the Education Act and Section 12 of the Children Act. The parent was put on probation for six months, but at the end of that time no improvement having been shown, the parent was given a second chance to remedy the condition complained of. As no improvement was shown, the parent was sentenced to one month's imprisonment with hard labour.

A second family was prosecuted under Section 12 of the Children Act for wilful neglect of the children. A conviction was obtained in this case, and the father was sentenced to three months' imprisonment with hard labour.

PART V.

TREATMENT CLINICS.

In the first year of Medical Inspection, 50 per cent. of the defects among the scholars were remedied as a result of the notices issued to the parents. During the second year these notices were supplemented by home visitation by the school nurses, when the dangers of want of treatment were clearly laid before the parents. In this way the remediation of 56 per cent. of the defects was secured. These results, though comparing favourably with other areas, were regarded as unsatisfactory, and it was indicated that other measures would require to be adopted in the future. As stated in the Second Annual Report, "Medical Inspection of School Children is useless if the defects are not remedied, and mere tabulation of figures and statistics will not effect anything in the improvement of the physical condition of the race."

Parents and guardians may be broadly grouped as follows with regard to the attention they pay to defect notices—(*a*) those who follow the advice of the School Medical Officer; (*b*) those who are willing to follow advice but are unable to do so owing to want of means, or who have not the necessary skill or appliances required; (*c*) those able to pay for treatment but who regard the defect as "trifling," or "natural to a child of that age and this medical inspection is a fad;" (*d*) those too careless to bother about the defect under any circumstances.

Of the defects discovered at the inspection, those relating to the teeth, eyes, ears, nose, and throat, received least attention, in spite of the fact that all have an important bearing on the health and welfare of the individual in after-life. "Decay of the teeth has, unfortunately, come to be regarded as unavoidable, more especially in the case of the milk teeth, and complete re-education in oral hygiene is necessary. Parents and guardians might be instructed by popular lectures on the causes and prevention of dental decay, while the subject should be taught to scholars throughout school life" (2nd Report). In addition to this want of knowledge, there is the question of expense—a point which also affects treatment of defects of the special senses. For advice about the latter many parents take their children to the family doctor, but they are unable to bear the cost of the long-continued treatment which may be necessary to effect a cure. With respect to expense of treatment, it must be emphasised that ability to pay for medical or dental treatment, or for the provision of spectacles, etc., depends on the number to be supported on the income of each family, and *not* on the income itself.

To enforce the remediation of defects, action could be taken under Section 12 of the Children Act, 1908, by which a parent or guardian is rendered liable to punishment "if he fails to provide adequate food, clothing, medical aid, or lodging for the child or young person," but to do so would only punish the parent and would not benefit the child or remedy the defect.

To send the children to the local hospitals for treatment would result in the overcrowding of the Out-patient Departments, and more urgent cases would suffer. Owing to the large numbers to be treated in the short dispensary hours, the attention given to the defects in children would be insufficient, no instruction in applying treatment could be given to parents, and no control could be exercised over the regular and necessary attendance of children.

For these reasons the provision of a Treatment Clinic, or centre at which the defects discovered among school children could be remedied under the supervision of School Board Authorities, is to be advocated, but further legislation is necessary before the expense can be borne out of the local rates.

Under the Education (Scotland) Act, 1908, Sec. 4, School Boards are empowered "to provide for the medical examination and supervision of the pupils . . . and, for the purposes of this section, . . . (may) provide appliances or other requisites." To settle whether the last clause enabled School Boards to proceed with the subsequent and necessary treatment of defects, a test case was raised against the Glasgow School Board in the Court of Session. The Court held that a School Board in Scotland is not entitled to provide and pay out of the School Board rate for medical or dental treatment either (*a*) by providing school doctors and apparatus, or (*b*) by sending the defective children to medical practitioners or to hospitals for treatment. The decision applied also to "necessitous" cases in which parents were too poor to pay for treatment.

To enable treatment to be begun, a special grant of money (£7,500) was given by the Scotch Education Department for this purpose, and School Boards were invited to make application for such money as they could expend before the 28th February, 1913, on the remediation of defects among necessitous children. It was stated in the letter from the Department that no claim could be made for expenditure on school buildings, such as open-air class-rooms, nor for whole or part payment of such items as were already covered by other Acts, such as the feeding of necessitous children or for medical inspection.

In claiming for a share of this special grant the Paisley (Burgh) School Board took into consideration the amount which would probably be granted if the money were divided equally over the school population of Scotland, and as this sum was too small to allow elaborate measures, it was decided that during the three months mentioned the scheme should be experimental, and that the money should be expended as far as possible on actual treatment. No expensive equipment was to be provided, as to do so would have exhausted the sum granted (£140). Under the circumstances, a room in one of the schools was equipped as a Treatment Clinic, and in this way the expense of rent, upkeep, etc., was avoided. At this central room, diseases of the eye, ear, nose and throat, and skin affections were treated. Arrangements were made with the Royal Alexandra Infirmary whereby certain special cases of skin disease, such as favus and ringworm of the scalp, could be treated by the X-rays in the Electrical Department of that hospital. Four part-time dentists, who were to work in their own surgeries and to provide their own dressings and appliances, were appointed to perform extractions as required. No filling or stopping of teeth was to be undertaken in this period, as it was decided that in the short time before the expiration of the grant the greatest good should be given to the greatest number. Each dentist, if engaged in stopping as well as extracting, could only undertake two to three children per hour, as against ten for extractions only. Small sums of money were set aside for the provision of special surgical appliances to necessitous children attending the Physically Defective Department of the Special Classes School, and for spectacles to necessitous children.

Under this system treatment was begun in the middle of November, 1912, and continued until the 28th day of February, 1913. The results obtained were highly gratifying. Care was taken in each case to ensure that the children treated were actually necessitous.

RESULTS OF TEMPORARY TREATMENT CLINIC.

Dental Treatment.—During the period under consideration, 665 invitations were issued to children who required dental treatment, but of these only 183 attended the surgeries of the dentists. 681 extractions were performed in these 183 cases. While this number of acceptances is disappointingly small, it must not be forgotten, as previously stated, that parents and guardians are ignorant of the necessity for care of the teeth, and many of them do not consider that teeth, more especially temporary teeth, should be touched under any circumstances. The fact that the numbers attending the surgeries increased as each week passed showed that interest was being aroused in the subject. Each dentist reports in the same manner on the children who came under his care—the teeth of the children were in a very serious condition, abscesses were frequent, and that prolonged treatment in many cases was absolutely necessary before a good result could be obtained. The benefit of the treatment in some cases was lost owing to the fact that children did not return on the second or subsequent occasions as requested by the dentists. With more complete control of the children, as in a central clinic equipped by the School Board, this result should be avoided.

Eye Clinic.—Eighty-four children were under treatment (190 attendances). The diseases consisted chiefly of external eye conditions, but the specialist also gave advice in the more serious cases of defective vision. The necessity for the permanent appointment of a skilled oculist has become urgent. While a qualified optician can correct the simpler errors of refraction, there still remains a large number of children who require a more detailed examination. These children have no disease of the external structures of the eye, and to superficial examination may appear to suffer from simple refraction errors, but on examination of the internal structures of the eye by the ophthalmoscope, conditions may be discovered which would only be aggravated by the provision of spectacles.

The conditions treated at the Clinic were as follows :—

Conditions of the Eyelids, ...	32
„ „ Conjunctiva, ...	23
„ „ Cornea, ...	13
„ „ Lens, ...	2
Squints and Refractive errors, ...	14

68 necessitous children suffering from defective vision received free spectacles.

Ear, Nose, and Throat Clinic.—40 children were treated (71 attendances). The conditions were principally inflammations of the ear passages and discharging ears. In the latter case the methods of treatment were taught to parents when possible.

Otorrhœa, ...	17
Conditions of Tonsils, Adenoids, etc., ...	6
„ „ External Ear, ...	4
„ „ Tympanum (drum), ...	3
Defective Hearing, ...	3
Other Conditions, ...	7

Skin Clinic.—85 children attended the skin clinic, representing 114 attendances. The conditions were—

Impetigo, ...	48	Eczema, ...	2
Ringworm (body),	12	Scabies, ...	2
Septic Sores, ...	18	Other Diseases, ...	3

In addition, 10 cases of favus and 10 cases of ringworm of the scalp were referred to the Electrical Department of the Royal Alexandra Infirmary for treatment by X-rays. These children will attend this Department until certified cured.

Special Appliances.—The provision of special surgical appliances for cripple children is usually an expensive matter for ordinary households. The boots soon become worn out and the appliances are outgrown. 11 children were provided with necessary appliances.

The experience gained from this temporary clinic will be of great service when a permanent clinic is under consideration. If the money for these clinics is obtained by special grant from the Department, the scheme must depend on the amount of that grant; if legislation permit the expense to be borne out of the local rates, then the scheme must be regulated entirely by the local requirements as to numbers of scholars estimated to be in need of treatment, and the nature of the diseases. Consideration must also be given as to whether "necessitous" children only can be treated, or whether children who receive no attention from the parents can be treated, and powers be given to recover the expense of such treatment from parents or guardians who can afford to pay.

Since the closure of the temporary clinic, the Paisley (Burgh) School Board has had under consideration alternative schemes of a permanent nature, but nothing further can be done until this question of expense is settled. An ideal scheme can easily be formulated, but each area should begin a scheme in a small way and extend as required. It might be stated that an ideal scheme for Paisley would cost £800 to £1,000, a matter of ¾d. to 1d. on the local rates. This would be a small expenditure for the results obtained, and an investment which would result in increased grant from better attendance of the scholars at school.

The conditions among the scholars which most urgently require treatment are defects of the teeth and of the special senses. With a permanent clinic, the dentists (whole or part-time) would carry out conservative dentistry (*i.e.*, stopping and filling decayed teeth) as well as extractions, in premises equipped by the School Board, and at which a school nurse would be in constant attendance. Anæsthetics could be given by qualified medical practitioners by arrangement. An operating and a waiting room would therefore be necessary. The children to be treated in routine manner for dental conditions would be those of the six to eight age-period, the age at which decay most commonly begins. Other children could be dealt with as emergency cases.

The treatment of defects of the eye would require a third room, which could be converted by simple means into a dark room for ophthalmoscopic work. An eye specialist would examine all cases referred from the schools, prescribe spectacles, and advise as to treatment. The ear specialist would advise as to conditions of the ear, nose, and throat. Skin diseases would be dealt with in a similar manner, and special cases requiring X-rays would be referred to the Royal Alexandra Infirmary as in the temporary clinic.

The administration of a school clinic will not be a simple matter, for each clinic should be regarded more as an "educational" centre than as a place at which treatment is carried out. To use the clinic simply for the treatment of defects would result in no ultimate benefit, for though the immediate defects might be remedied, yet the parents would still remain ignorant of the methods of prevention of similar conditions in other members of the family. Fifty per cent. of the children have hitherto had their defects remedied by home attention, and these efforts must be encouraged. There will be a tendency on the part of certain parents to neglect defects, knowing that the children would then be sent to the Clinic for treatment, but this must not be permitted. Other parents, knowing that skilled advice could be obtained at the Clinic, would endeavour to take advantage although not actually "necessitous."

The ultimate object of medical inspection is to improve the physical condition of the race, and this can only result from an improvement in the conditions of the home, and from the education of parents to a true knowledge of their responsibilities to their children, the citizens of the future. A School Clinic might easily fail if unwisely administered.*

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* Since the above report was written, the Education (Scotland) Act, 1913, has been passed, giving School Boards powers to make provision for the medical and surgical treatment of necessitous school children.

PART VI.

SPECIAL SCHOOLS.

I.—Special Classes School.

In September, 1913, the new Special Classes School was opened, and a description of the main structural features will be found on page 11. The increased facilities for the physical and educational care of the physically and mentally defective children have resulted in a general improvement both in the health and attainments of the scholars. During the year the numbers attending the classes have diminished owing to the withdrawal of the Roman Catholic scholars, and it is hoped that some satisfactory arrangement may soon be made. Children still continue to be admitted from the neighbouring County areas, and close co-operation is carried out with the School Medical Officers of these areas in selecting suitable cases.

With the opening of the school new arrangements were made for the conveyance of scholars to and from school. The situation of the school on the direct tramway route allows the conveyance by tramcar of children suffering from minor defects. Through the courtesy of the Paisley District Tramways Company, these children are taken to and from school in special cars stopping at scheduled times at definite points on the southern and western routes. The children are under the supervision of special lady guides, who assist the children entering and leaving the cars, and who are responsible for their behaviour. These cars also convey the children to and from the Barrhead, Johnstone, and Renfrew areas. The motor ambulance of the School Board is reserved for the more serious physical cases, or for the mental children who could not be trusted by themselves. The physically and mentally defective children are now conveyed in separate runs of the motor ambulance.

The provision of a large play-hall in the school permits the teaching of simple physical exercises to the children. These exercises, which are naturally graded to the special physical requirements of the children, were arranged early in the session by the drill instructress and the teaching and medical staff in consultation.

In addition to the "open-air shed," two large rooms have been thrown into one for the teaching of tuberculous or debilitated children, and the children in both have benefited in marked degree throughout the year.

In the summer, "open-air" teaching of the other individual classes, in the playground, has also been carried out when weather permitted, but unfortunately the glare from the white granolithic has proved trying to the eyes of the scholars. The best method of reducing the glare is under consideration.

At the close of the school year the numbers on the roll were as follows:—

	Boys.	Girls.	Total.
Physically Defective, ...	57	64	121
Mentally Defective, ...	46	55	101
	103	119	222

1. *Physically Defective Children.*

During the school year 1912-13, 154 children were under instruction. 28 were admitted to the classes and 33 names were removed from the roll.

(*a*) Rickets, ...		74
(*b*) Tuberculosis—		
i. Pulmonary, ...	11	
ii. Osseous, ...	23	
iii. Glandular, ...	5	
		39
(*c*) Nervous Diseases—		
i. Paralysis, ...	16	
ii. Minor Epilepsy, ...	1	
iii. Other, ...	2	
		19
(*d*) Other Conditions (heart, lungs, etc.), ...		22
		154

(*A*) **Rickets.**—Of the 87 children attending the school on account of physical defects due to rickets, 45 were boys and 42 were girls.

(*B*) **Tuberculosis.**—The following table shows the conditions in the 39 children suffering from different forms of tuberculosis. The children in several instances suffered from two different forms, but are classified under the major condition. Those with phthisis were neither coughing nor spitting.

Boys, 18; Girls, 21.

1. Pulmonary (Phthisis Pulmonalis),		11
2. Osseous—		
Disease of the Spine,	8	
,, Hipjoint,	6	
,, Knee,	4	
,, Leg,	1	
,, Ankle,	1	
,, Bones of the Forearm,	1	
,, Other Bones,	1	
		22
3. Glandular—cervical,		6
		39

Several of these cases required surgical dressing daily by the nurse, and in all satisfactory progress was made.

(*C*) **Nervous Diseases.**—The 16 cases of paralysis were as follows :—

Infantile Paralysis,	8	
Hemiplegias,	3	
Pseudo-hypertrophic Paralysis,	2	
Spastic Paralysis,	3	
		16

(*D*) **Other Conditions.**—Of the 22 other conditions, the congenital defects or malformations were as follows—(cleft palate, 3; congenital heart disease, 1; malformations of bones and joints, 6; hæmophilia, 1). Of the acquired defects, 4 were severe cases of heart disease; chronic rheumatism, 1; malnutrition and under-development, 5; and defective vision, 1.

Thirty-three names of scholars were removed from the roll for the following reasons :—

Transferred to Ordinary Schools by S.M.O.,	8
,, ,, Other Districts,	5
Withdrawn—Catholic scholars,	10
Exempted on obtaining employment,	1
,, for "Boarding-Out,"	2
,, of full age,	4
,, physically unfit,	1
Died,	2
	33

2. *Mentally Defective Children.*

During the school year, 17 children were admitted to the medical side of the Special Classes School, and 26 names were removed from the roll, making a total of 127 scholars under observation.

Classifying the scholars by their educational progress into two main groups, 30 may be stated to be of delayed mental development, and 97 to be true cases of mental deficiency. Of these 97, twenty-five may be placed into the following definite sub-divisions:—

Birth Palsies, ...	5
Epileptics, ...	5
Microcephalic, ...	3
Hydrocephalic, ...	3
Tuberculous, ...	3
Mongols, ...	2
Cretins, ...	2
Specific, ...	2

In addition 6 children suffered from defects of the special senses.

Twenty-six names were removed from the roll for the following reasons:—

Transferred to other Districts, ...	5
,, Deaf Mute School, ...	2
,, other Institutions, ...	2
Withdrawn—Catholic scholars, ...	4
Exempted on obtaining employment, ...	5
,, on attaining full age, ...	4
Incapable of receiving education benefit, ...	2
Died, ...	2
	26

No "After-Care" Committee has as yet been formed in connection with those classes.

Prosecution.—During the year, one parent was prosecuted for failing to send his child to the Special Classes School, and a conviction was obtained.

II.—OAKSHAW CLASSES FOR DEAF MUTES.

At the termination of the school year 19 children were in attendance at the classes.

The causes leading to the Deaf Mutism were:—

Congenital, ...	9
Post-Morbilli (Measles), ...	5
Post-Meningitic, ...	2
Post-Scarlatinal, ...	1
Unknown, ...	2
	19

Six children left school during the year, five having attained full age, and one having transferred to Glasgow. Of the five who left at full age, three have obtained employment in the mills and two are engaged in household work at home. Four of these children were removed from the roll at the first period after 14 years of age, and in these cases it is a matter for regret that advantage is not taken of the further education provided until 16 years of age.

The improvement in the scholars, both physically and educationally, has been excellent throughout the year.

III.—OAKSHAW CLASSES FOR THE BLIND.

No new scholars were admitted during the year. The names of two have been removed from the roll, one on transfer to a Home for the Blind in Glasgow, and one as physically unfit to attend.

The causes of the conditions were as follows:—

Ophthalmia Neonatorum, ...	4
Cataract, ...	3
Traumatic, ...	1
Congenital, ...	1
	9

APPENDIX.

Table showing the Average Heights of Boys examined in each School, and a Comparison with the Anthropometric Standard and General Average for all Schools in Paisley.

Years,...............	5	6	7	8	9	10	11	12	13
Anthropometric Standard,	41·0	44·0	46·0	47·1	49·7	51·8	53·5	55·0	56·9
Paisley Average, ...	40·75	42·13	44·37	46·46	48·33	50·12	52·19	54·04	55·74
Abercorn, ...	40·34	42·03	44·08	46·15	48·21	49·75	51·96	53·22	55·20
Camphill, ...	40·51	41·47	44·33	46·62	49·18	49·31	51·53	54·52	56·43
South,..........................	40·62	42·61	44·48	46·52	48·41	50·98	...	54·04	55·49
Mossvale, ...	41·20	42·23	44·42	46·49	48·70	50·32	50·81	53·23	55·49
East, ...	41·26	42·36	44·86	46·65	48·82	50·79	51·90	53·41	53·99
Williamsburgh................	42·29	42·59	45·39	47·57	48·14	51·49	53·00	54·54	56·61
North, ...	40·70	42·16	43·65	44·48	47·62	...	...	...	54·50
Oakshaw, ...	40·31	41·79	42·89	46·24	47·66	49·82	51·47	51·74	53·85
West, ...	40·52	41·81	44·64	47·64	48·88	49·88	51·52	53·89	54·36
Carbrook Street, ...	40·55	41·23	45·12	46·72	46·97	...	...	...	54·86
Ferguslie, ...	41·40	42·00	43·21	46·57	...	49·97	...	...	54·32
Grammar, ...	41·56	44·20	47·93	48·79	...	...	...	56·90	58·36
Neilson, ...	42·59	44·64	46·87	...	50·21	52·76	54·62	56·25	57·31
St. Charles', ...	39·46	...	44·03	46·00	...	48·77	...	...	55·24
St. Catherine's,...............	38·90	41·07	42·57	...	...	...	...	...	...
St. Mary's,.....................	40·54	41·72	43·48	45·76	48·66	...	...	52·68	56·70
St. James',.....................	39·99	41·53	43·56	46·46	...	48·64	52·37	53·39	54·19
St. Mirin's, ...	...	...	44·61	46·06	47·85	49·66	...	...	54·08
St. Margaret's, ...	...	...	...	...	...	...	...	...	...

Table showing the Average Heights of Girls examined in each School, and a Comparison with the Anthropometric Standard, and General Average for all Schools in Paisley.

Years, …………	5	6	7	8	9	10	11	12	13
Anthropometric Standard,	40·8	42·6	44·5	46·6	48·7	51·1	53·1	55·7	57·8
Paisley Average, …………	40·66	41·94	44·25	46·14	47·68	49·32	51 63	54·39	56·71
Abercorn, …………………	40·15	41·66	43·71	45·75	46·74	49·15	50 60	54·15	56·54
Camphill, …………………	40·71	41·36	43·21	46·15	47·80	49·11	51·98	54·47	56·73
South,………………………	40·48	43 05	44·34	45 76	48·58	49·79	50·73	54·64	56·33
Mossvale, …………………	40·43	41·52	44·11	45·89	47·75	49·19	52·17	54·10	55·77
East, ………………………	41·43	42·21	44·71	46·30	47·91	49·59	51·00	52·79	55·52
Williamsburgh,……………	41 58	43·92	44·69	48·38	…	…	…	55·76	57·80
North, ……………………	40·98	41·14	44·51	44·68	46·93	49·86	…	…	56·28
Oakshaw, …………………	39·84	40·83	43·72	46·73	47·69	48·10	50·51	53·02	54·96
West, ………………………	41·16	40·89	43·61	…	47·38	50·17	51·29	52·72	56 06
Carbrook Street, …………	42·02	42·43	44·42	46·76	47·30	…	52·16	…	56 90
Ferguslie, …………………	41 07	41·76	…	46·95	48·32	49·83	51·35	54·12	55·03
Grammar, …………………	…	44·79	47·90	49·33	49·72	…	…	…	59·06
Neilson, ……………………	42·46	43·87	45·68	…	…	…	53·52	56·85	58·11
St. Charles', ………………	39·49	…	44·72	46·60	…	49·05	…	…	56 07
St. Catherine's,……………	40 09	40·61	44·83	45·75	…	48·56	…	…	55·64
St. Mary's,…………………	39 58	41·25	43·04	45·58	46·21	…	49 95	…	52·97
St. James',…………………	40·59	41·81	43·84	45·75	…	48·64	50 11	51·60	53 91
St. Margaret's, ……………	…	…	…	…	…	…	…	54 08	56 78

Table showing the Average Weights of Boys examined in each School, and a Comparison with the Anthropometric Standard, and General Average for all Schools in Paisley.

Years,	5	6	7	8	9	10	11	12	13
Anthropometric Standard,	39·9	44·4	49·7	54·9	60·4	67·5	72·0	76·7	82·6
Paisley Average,	39·73	42·26	46·94	51·66	56·48	60·89	66·59	72·49	78·96
Abercorn,	39·39	41·26	46·27	50·66	56·27	60·10	62·90	68·41	78·69
Camphill,	39·98	41·67	47·36	52·68	58·18	59·69	64·75	73·34	80·43
South,	39·69	42·83	46·75	50·99	57·96	62·19	69·50	68·83	77·47
Mossvale,	39·73	40·25	47·17	52·88	58·74	61·61	63·12	71·81	79·81
East,	40·09	43·01	47·60	51·82	55·92	61·34	65·67	67·76	72·30
Williamsburgh,	41·53	42·46	47·79	51·02	55·07	62·21	68·34	71·74	79·09
North,	39·11	42·19	45·18	47·79	52·37	...	...	...	79·75
Oakshaw,	39·18	42·84	45·46	52·09	55·29	60·15	65·63	67·53	75·18
West,	38·57	40·91	44·71	53·05	57·10	59·42	63·82	70·79	75·01
Carbrook Street,	38·67	41·17	48·61	51·29	52·57	...	...	...	74·67
Ferguslie,	40·52	41·35	43·86	51·81	...	59·55	...	...	74·35
Grammar,	41·50	44·40	54·31	54·36	...	...	...	80·65	86·48
Neilson,	43·36	46·63	49·34	...	57·91	65·82	70·82	81·33	83·03
St. Charles',	37·98	...	45·73	51·59	...	56·65	...	...	74·84
St. Catherine's,	37·25	40·89	42·90	...	...	...	...	...	...
St. Mary's,	39·37	41·62	47·06	49·93	56·96	...	...	72·29	86·03
St. James',	38·32	41·00	45·36	51·50	...	58·04	68·24	70·72	73·37
St. Mirin's,	...	...	48·59	51·32	55·20	61·07	...	...	75·47
St. Margaret's,	...	...	...	...	...	...	...	...	...

Table showing the Average Weights of Girls examined in each School, and a Comparison with the Anthropometric Standard, and General Average for all Schools in Paisley.

Years,	5	6	7	8	9	10	11	12	13
Anthropometric Standard,	39·6	42·4	46·7	52·2	55·5	62·0	68·1	76·4	87 0
Paisley Average,	38·92	40·98	45·27	49·78	53·67	57·59	64·41	72·38	80·56
Abercorn,	37·47	40·99	43·70	49·80	51·26	58·00	58·95	73·18	78·30
Camphill,	40·69	41·32	44·52	49·90	57·64	57·63	65·96	72·19	81·48
South,	38·56	42·63	45·94	49·73	58·22	57·92	58·96	71·25	80·87
Mossvale,	38·56	40·22	44·66	50·14	51·72	56·05	66·16	73·57	78·89
East,	39·59	40 19	46·36	50·54	54·14	58·33	61·65	65·31	79·68
Williamsburgh	40·11	41·79	45·20	52·09	...	...	...	72·95	80·82
North,	39·98	40·05	44·47	46·97	50·03	55·96	...	...	78·87
Oakshaw,	38·40	38·79	43·89	51·90	54·00	55·88	60·23	70·17	74·68
West,	38·83	39·80	42·25	...	50·71	58·26	63·79	69·59	76·93
Carbrook Street,	38·50	41·77	44·05	48·05	52·53	...	70 04	...	84·08
Ferguslie,	40·39	40·25	...	49·97	54·15	61·05	65·87	72·95	80·81
Grammar,	...	45·46	50·72	57·25	60·00	...	...	...	89·92
Neilson,	41·39	43·41	47·02	...	...	...	68·02	76·86	85·92
St. Charles',	37·27	...	44·00	49·02	...	55·34	...	...	79·91
St. Catherine's,	37·11	36·70	45·64	47·22	...	55·92	...	...	75·86
St. Mary's,	36·84	40·65	45·07	49·31	51·00	...	62·25	...	73·08
St. James',	37·07	39·79	43·49	48·23	...	56·80	60·09	66·51	74·44
St. Margaret's,	...	...	...	..	...	...	...	76·91	84·89